

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BH		07-17-01
O.I.P.E. CLASSIFIER		59	7361
FORMALITY REVIEW	JT	JL 708	9-10-01
RESPONSE FORMALITY REVIEW	LI	1106	11/21/01

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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 08/12/01  
 885  
 11/01